

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Kenny Hill		COURT CASE NUMBER 05-160 Erie	
DEFENDANT Stephen Housler		TYPE OF PROCESS Civil Action	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	FBI McKean ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 5000; Bradford, PA 16701		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	ONE
Kenny Hill #17110-016 FCC Petersburg Low P.O. Box 1000 Petersburg, VA 23804		Number of parties to be served in this case	Six
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: Mr. Kenny Hill ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER _____ DATE 11-29-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only; different than shown above)

Date 12/20/05 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee <u>goc</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>goc</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: Out 4842 8030 5144 12-20-05

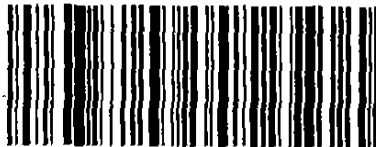
PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

2. Article Number



7160 3901 9842 8020 5199

3. Service Type **CERTIFIED MAIL**4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

STEPHEN HOUSLER
FCI MCNEAN
P.O. BOX 5000
BRADFORD, PA. 16701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent
☐ AddresseeD. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes
☐ No

3-160E,O/S/C,12/20/05,SRB